ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | ✓ | | 5/18/99 |
| O.I.P.E. CLASSIFIER | | 49 | 5/21/9? |
| FORMALITY REVIEW | | 61581 | 5-25-99 |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ .............................. Rejected | N ................................ Non-elected |
| = .............................. Allowed | I ................................ Interference |
| – (Through numeral)... Canceled | A ................................ Appeal |
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| Claim (Final / Original) | Date 03/7/00 | 05/06/0 | 07/11/0 | 05/02/0 | 01/13/0 | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY

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